#### P⊎ land

SECEIVEU
PEBERAL ELECTION
COMMISSION
PUBLIS DISCLOSUME
DIVISION

### A New Voice for Maryland

PO Box 15387, Chevy Chase, MD 20825

2015 SEP 24 PH 3: 52

September 23, 2015

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

A New Voice for Maryland

To Whom It May Concern: .

A New Voice for Maryland intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Sincerely,

2045 · 00 · 24 · 0M · 0002Mh&0

Barak Hoffman

Treasurer

# 2015 · 09 · 24 · 05 · 00025581

FEC FORM 1

# STATEMENT OF ORGANIZATION

REVEIVED
FEBERAL ELECTION
COMPNISSION
PUBLIS DISCLOSURE
DIVISION

2015 SFP 2LOffi@wsgOm2

NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
A New Voice f	or, Marvland			
			<del> </del>	
ADDRESS (number and street)	, , , PO Box 153	387, , , , , , , , , , , , , , , , , , ,		
(Check if address is changed)			1: 1 1 1 1 1 1 1	
is changed)	, , , Chevy Chas	se	MD   208	25  -
-	CITY A		STATE.	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ESS			
☐ ◀ (Check if address is changed)	newyoiceform	maryland@gmail.com	<u> </u>	
	Optional Second E-Mail Ad	ddress		
			<u> </u>	
COMMITTEE'S WEB PAGE AD	ADDESS (FIDI.)			
(Check if address	I			1
is changed)		<del></del>	<del></del>	
2. DATE 09 2	3 2015 ×			
السلسا		<del>, , , , , , , , , , , , , , , , , , , </del>		
3. FEC IDENTIFICATION N	UMBER ▶ C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		* * * * * * * * * * * * * * * * * * *
I certify that I have examined t	his Statement and to the bes	at of my knowledge and belief i	t is true, correct and c	omplete.
Type or Print Name of Treasure	er Borok Hof	fman	-	
Type of Film Name of Treasure	Barak Hof	man		
Signature of Treasurer	BDAN		Date 0 9	24 2015
NOTE: Submission of false, error		n may subject the person signing		enalties of 52 U.S.C. §30109
Office Use		For further information of Federal Election Commiss Toll Free 800-424-9530	sion F	EC FORM 1 (Revised 06/2012)

Local 202-694-1100

TYPE OF COMMITTEE					
	didate	Committee:			
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
Name Candi					
Candidate Office State Party Affiliation Sought: House Senate President District					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Cand					
Part	y Com	nmittee:			
(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.			
Polit	ical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:			
		Corporation Corporation w/o Capital Stock Labor Organization			
		Membership Organization Trade Association Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.			
(f)	Y	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)			
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Join	t Fund	Iraising Representative:			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			
	Com	mittees Participating in Joint Fundraiser			
ł					
	1.				
	2.	FEC ID number			
	3.	FEC ID number			
	4.	FEC ID number			

2015	
<b>9</b> 2	
<b>4</b> 03	

i .	•			
FEC Form 1 (Revis	ed 02/2009)			Page 3
Write or Type Committee N	ame		•	
A New Voice for	Maryland			·
6. Name of Any Connected	d Organization, Affiliated Committee	e, Joint Fundraising Rep	resentative, or Lea	dership PAC Sponsor
	111111	<u> </u>		
Mailing Address				
	CITY		STATE	ZIP CODE
Relationship: Conne	cted Organization Affiliated Comm	uittee Joint Fundraising	n Representative	Leadership PAC Sponsor
U SSIIII	Dr. IIII according			
Custodian of Records:     books and records.  Full Name	Identify by name, address (phone nui	nber optional) and posi	tion of the person in	n possession of committee
books and records.		mber optional) and posi	tion of the person in	n possession of committee
books and records.  Full Name	, , Barak Hoffman , , ,	mber optional) and posi		n possession of committee
books and records.  Full Name	Barak Hoffman PO Box 15387	mber optional) and posi		
books and records.  Full Name  Mailing Address	Barak Hoffman PO Box 15387,	Telephone nu	MD 2 STATE	0825   -
books and records.  Full Name  Mailing Address  Title or Position Treasurer	Barak Hoffman PO Box 15387,  Chevy Chase  CITY	Telephone nu	MD 2 STATE	0825   -
Full Name  Mailing Address  Title or Position Treasurer	Barak Hoffman PO Box 15387,  Chevy Chase  CITY	Telephone nu	MD 2 STATE	0825   -
books and records.  Full Name  Mailing Address  Title or Position Treasurer	Barak Hoffman PO Box 15387,  Chevy Chase  CITY	Telephone nu	MD 2 STATE	0825   -
Full Name  Mailing Address  Title or Position  I   Treasurer    8. Treasurer: List the name any designated agent (e. Full Name	Barak Hoffman PO Box 15387 Chevy Chase CITY  and address (phone number optiog., assistant treasurer).	Telephone nu	MD 2 STATE	0825   -
Full Name  Mailing Address  Title or Position  I Treasurer  8. Treasurer: List the name any designated agent (e. Full Name of Treasurer	Barak Hoffman PO Box 15387 Chevy Chase CITY  and address (phone number optiog., assistant treasurer).	Telephone nu	MD 2 STATE	0825   -
Full Name  Mailing Address  Title or Position  I Treasurer  8. Treasurer: List the name any designated agent (e. Full Name of Treasurer	Barak Hoffman PO Box 15387 Chevy Chase CITY  and address (phone number optiog., assistant treasurer).	Telephone nu	MD 2 STATE  mber	0825   -
Full Name  Mailing Address  Title or Position  I Treasurer  8. Treasurer: List the name any designated agent (e. Full Name of Treasurer	Barak Hoffman PO Box 15387  Chevy Chase CITY  and address (phone number option g., assistant treasurer).  Barak Hoffman PO Box 15387	Telephone nu	MD 2 STATE  mber	0825   -

FEC Form 1 (Revi	sed 02/2009)	Page_ <b>4</b>
,		
Full Name of		
Designated <sub>I</sub>		
Agent LLL		
Mailing Address		
		<u> </u>
		1 1
	· CITY STATE	ZIP CODE
Title or Position	•	
1	Telephone number	-         -
<u></u>	· · · · · · · · · · · · · · · · · · ·	
	<del></del>	
Banks or Other Deposite safety deposit boxes or m	ories: List all banks or other depositories in which the committee depaintains funds.	osits funds, holds accounts, rents
Name of Bank, Depositor	, etc.	•
. '		
. L.	Bank of America	
Mailing Address	1 7316 Wisconsin Ave	
Mailing Address		<del></del>
•		
	- [ , Bethesda , , , , , , , , , ] [Mt	DJ [20814   ]-
	CITY STATE	ZIP CODE
Name of Bank, Depositor	, etc.	
•		
Mailing Address		·
	·	
	CITY STATE	E ZIP CODE

## **Hand Delivered**

## Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

The FEC added this page to the end of this filing	to indicate how it was received.
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Ne	xt Business Day Delivery
Received from House Records & Registration C	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
m	9/24
PREPARER///	DATE PREPARED